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[Greene, Alton \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Grondin, Edward \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Guarino, Gina \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Guerrero, Mary \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Gurganious, Jane \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Halber, Gloria \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Hammel, Kevin \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Hammonds, Trina \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Hansen, Braydon \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Hansen, Christopher \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Hansen, Leif \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Harding, Dorothy \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Hargett, Gwendolyn \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Haridas, Geetha \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Harnacker, Kathrene \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Harpest, Stacey \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Harris, Mary \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Hart, Jacqueline \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Harthcock, Cynthia \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Hathaway, Brenda \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Hayes, Heather \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Hazer, Akira \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Heaton, Jayleen \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Heilberg, Jonathan \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Hemingway, Bernice \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Henderson, Melvin \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Henderson, Rhonda \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Hendricks, Alda \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Hevi, Maureen \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Hickey, Janet \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Hicks, Erin \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Hicks, Robert \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Hicks, Tennille \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Hill, Ronelle \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Hill, William \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Hipple, Marlene \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Holmes, Tawanda \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Holweger, Joanne \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Houedou, Marie \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Hovor, Alberta \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Huff, Melissa \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Hughes, Jill \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Hughes, Matthew \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Hung, Ling-Ling \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Hunt, Elease \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Hunter, Jasmyn \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Hurst, Alycia \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Hutcherson, Charmaine \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Iftoni, Ibrahim \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Ilic, Suzi \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Isais, Stephanie \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Jackson, Niakisha \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Jenkins, Debra \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Jenkins, Kathleen \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Jennings, Lindsay \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Jennison, Elizabeth \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Jensen, Carol \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Jensen, Jil M. \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Jimoh-Adebisi, Khadijat \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Johnson, Angelina \(OS/ASA/PSC/FOH\) \(CTR\)](#); [Johnson, Ethney](#)

(OS/ASA/PSC/FOH) (CTR); Johnson, Jane (OS/ASA/PSC/FOH) (CTR); Jones, Aaron (OS/ASA/PSC/FOH); Jones, Bobbie Jo K. (OS/ASA/PSC/FOH) (CTR); Jones, Brentt (OS/ASA/PSC/FOH) (CTR); Jones, Kristin (OS/ASA/PSC/FOH); Jones, Stacey (OS/ASA/PSC/FOH) (CTR); Jones, Zoe (OS/ASA/PSC/FOH) (CTR); "Jones-Stewart, Debra (OS/ASA/PSC/FOH) (CTR)"; Justice, Jenifer (OS/ASA/PSC/FOH) (CTR); Kaczmarek, Corey (OS/ASA/PSC/FOH) (CTR); Kaplan, Melanie (OS/ASA/PSC/FOH) (CTR); Karekezi, Henriette (OS/ASA/PSC/FOH) (CTR); Keeler, Dawn (OS/ASA/PSC/FOH) (CTR); Keene, Kimberly (OS/ASA/PSC/FOH) (CTR); Keenon, Bruce (OS/ASA/PSC/FOH); Keeslar, Sarah (OS/ASA/PSC/FOH) (CTR); Kelly, Stephanie (OS/ASA/PSC/FOH) (CTR); "Kenny, Christiana (OS/ASA/PSC/FOH) (CTR)"; Kerr, Colleen (OS/ASA/PSC/FOH); Kieras, Karen (OS/ASA/PSC/FOH) (CTR); Kilgore, Matia (OS/ASA/PSC/FOH) (CTR); Kindstedt, Elizabeth (OS/ASA/PSC/FOH) (CTR); King, Karen (OS/ASA/PSC/FOH) (CTR); Kirkhorn, Elisa (OS/ASA/PSC/FOH) (CTR); Klein, Marlene (OS/ASA/PSC/FOH) (CTR); Knight, Kaneesha (OS/ASA/PSC/FOH) (CTR); Knighton, David (OS/ASA/PSC/FOH) (CTR); Koesterer, Sally (OS/ASA/PSC/FOH) (CTR); Konoza, Mimi (OS/ASA/PSC/FOH) (CTR); "Kopycinski, Rosemary (OS/ASA/PSC/FOH) (CTR)"; Krieger, Jeanne (OS/ASA/PSC/FOH) (CTR); Kulumba, Amos (OS/ASA/PSC/FOH) (CTR); Kupersmith, Karen (OS/ASA/PSC/FOH) (CTR); Lachiana, Karen (OS/ASA/PSC/FOH) (CTR); Lackey, Shontell (OS/ASA/PSC/FOH) (CTR); Lane-Hujdich, Rebecca (OS/ASA/PSC/FOH) (CTR); Langan, Donna Kay (OS/ASA/PSC/FOH) (CTR); Lange, Michelle (OS/ASA/PSC/FOH) (CTR); Lankford, Katherine (OS/ASA/PSC/FOH) (CTR); Lassila, Lisa (OS/ASA/PSC/FOH) (CTR); Laurendeau, Sharla (OS/ASA/PSC/FOH) (CTR); Lavinski, Rosemary (OS/ASA/PSC/FOH) (CTR); Leach, Geraldine (OS/ASA/PSC/FOH) (CTR); Lee, Annie (OS/ASA/PSC/FOH) (CTR); Lee, Beverly (OS/ASA/PSC/FOH) (CTR); Lembrick, Sally (OS/ASA/PSC/FOH) (CTR); Lenoir, Susan (OS/ASA/PSC/FOH) (CTR); "Lepore, AnnMarie (OS/ASA/PSC/FOH) (CTR)"; Lewis, Donald Richard (OS/ASA/PSC/FOH) (CTR); Lewis, Margaret (OS/ASA/PSC/FOH) (CTR); Lidin, Paulina (OS/ASA/PSC/FOH) (CTR); Linder, Nicole (OS/ASA/PSC/FOH) (CTR); Lumsden, Amy (OS/ASA/PSC/FOH) (CTR); Luthi, Joanne (OS/ASA/PSC/FOH) (CTR); Lyles, Jenelle (OS/ASA/PSC/FOH) (CTR); Macdaniel, Kathleen (OS/ASA/PSC/FOH) (CTR); "Mack, Denise (OS/ASA/PSC/FOH) (CTR)"; "Magwood, Robin (OS/ASA/PSC/FOH)"; Maison, Kara (OS/ASA/PSC/FOH) (CTR); Mallon, Timothy (OS/ASA/PSC/FOH) (CTR); Maminta, Loida (OS/ASA/PSC/FOH) (CTR); Manansala, Edith (OS/ASA/PSC/FOH) (CTR); Manawelian, Alice (OS/ASA/PSC/FOH) (CTR); Marel, Michael (OS/ASA/PSC/FOH); Marini, Judith (OS/ASA/PSC/FOH) (CTR); Marquez, Magdalena (OS/ASA/PSC/FOH) (CTR); Martin, Laura (OS/ASA/PSC/FOH) (CTR); Martin, Tammy (OS/ASA/PSC/FOH) (CTR); "Matias, Esther (OS/ASA/PSC/FOH) (CTR)"; Matthews, Bonnie (OS/ASA/PSC/FOH) (CTR); Maxia, Xuxunova (OS/ASA/PSC/FOH) (CTR); "Mbaku, Esther (OS/ASA/PSC/FOH) (CTR)"; "Mcbride, Cindee (OS/ASA/PSC/FOH)"; McCabe, Andre (OS/ASA/PSC/FOH) (CTR)

Subject: IMMEDIATE ACTION: Rehabilitation Act

Date: Tuesday, April 27, 2021 5:11:00 AM

Attachments: [4-16-2020 Medical Review by Dr. Presant and RA related documents.pdf](#)
[2-24-2021 email to Dr. Presant.pdf](#)
[Maryland Medical Board letters 2020-2021.pdf](#)
[4-26-2021 DPDB Interview Blackmail Scenario April 2021 pdf.pdf](#)

Dear Dr. Neal Presant and CAPT Christine Collins:

I would like to bring to your attention, and the attention of your colleagues, some concerning events that have occurred following our previous February 24-25th, 2021 email exchanges, which appear at the bottom of this email trail for reference.

To briefly recap, in these February 2021 email exchanges, I confronted you, Dr. Presant, about the misrepresented 'medical review' you signed, which the Agency used on April 24, 2020, to justify the denial of a reasonable accommodation . **Attached**. I also confronted you, CAPT Collins, for retaliation, in which you ordered the Federal Occupational Health ("FOH") office staff who was courtesy copied on the emails, to "delete" the emails and any future emails from me, in what appeared to be an obvious attempt to conceal and cover up my well-founded allegations that a misstatement of a material fact and fraudulent medical opinion was distributed from your office, FOH. **Viewable below**. Specifically, this relates to the formal reasonable accommodation request I made last year, dated **March 11, 2020. Attached**.

As you know, the misrepresented medical review and referenced emailed communications have been the subject of the latest filings I've made on the U.S. Equal Employment Opportunity Commission ("EEOC")'s public portal, in the discrimination case I've pursued involving the matter-- **EEOC Case No. 531-2020-00310X and Agency Case No. HHS-HRSA-1024-2019**. (To include, but not limited to, my April 19, 2021 Reply to the Agency's Oppositions to my Motion for Summary

Judgement and Motion to Amend, my April 6, 2021 Motion to Amend, and my April 12, 2021 Supplement and Reply to the Agency's Opposition to my Motion to Compel).

I have voiced, in all my communications regarding this matter, my reasonable concern that this discriminatory practice of distributing misrepresented medical reviews, **endangers the health and safety of all federal employees.** The Agency hired me to support the mission to “*reduce fraud and abuse*” in the healthcare industry, did it not? And in knowing this, the Agency still confidently handed me the aforementioned misrepresented medical review.

Since our February 2021 email exchanges, I began seeing what appears to be surveillance vehicles, positioned about 250 meters from my home, in clear view—and more frequently, soon after the aforementioned filed documents were filed on the EEOC's public portal.

Soon after my latest filed document on the EEOC portal, on April 19, 2021, it became obvious that unauthorized parties have been trying to hack into my personal accounts, and as of most recently—I **received a ‘message’ yesterday, indicating I will be “blackmailed” if I don’t drop the issue and enter into a “confidential agreement”**, as further described below. ***See Attached.***

Is this the case, Dr. Presant and CAPT Collins? You intend to blackmail me? In return for not exposing these fraudulent medical opinions, and your corruption?

Notably, the Agency, who is represented by competent counsel, has been unable to cite any case law, laws, rules or regulations in their ‘*legal arguments*’ which they have filed on the EEOC portal, in effort to ‘kick the evidence out’ of the case.

To explain the message of ‘blackmail’, my colleague, a witness in my case, who the Agency well knows I’m in routine contact with, received a very detailed and out-of-the-ordinary, example ‘scenario’ of a “*blackmail*” scheme for her upcoming interview that takes place today; which appears to be a warning message of the ‘**blackmail**’ events that are to come. ***Attached.***

Specifically, the scenario describes a woman with a very comparable background to mine – who worked in a “*hospital for nearly 10 years*”, was an “*exemplary employee, receiving numerous performance awards and kudos from patients, and very active in her community...*” who is “*quietly arrested*” and “*threatened that her brother and other members of her family would be harmed unless she delivered the compromising photos*”, which is followed by an offer from “*federal and state prosecutors*” of an “*immunity deal in exchange for her full cooperation*”. Specifically, a “*confidentiality agreement*” and agreement to “*expunge*” the “*arrest*” from her record and the negative record with the state “*Board*” of licensure. The scenario makes several references to “**March 11**” which so happens to be the same day as the date on my formal reasonable accommodation request, as noted at the beginning of this email. It also references a date in “**September**” of year “**2020**”, which is the month this case was assigned to an Administrative Judge.

Notably, September of 2020, also happens to be when Tomas Bonome, the former Director of HHS's FOH office, **left his 18-year-long employment with the Agency**, HHS, to work in the private sector—the exact same month this case was assigned to an EEOC Administrative Judge. It's rather rare that we see a well-established federal employee high on the chain of command leave their federal career, especially before there is any sure sign of whether or not there will be a change in

administration.

Regarding the efforts being made by unknown parties to hack into my personal accounts—I've received text messages with "*verification codes*" intended to reset my password to accounts I haven't even tried logging into. Google has also sent me email notifications stating my "*passwords*" have been "*compromised*" and have been made available online. I'm also receiving emails that belong to other patients of my own personal physician. Have you, or a party working on your behalf, assigned my email address improperly to different patient accounts that don't belong to me, in an attempt to create the appearance that I'm unlawfully accessing patient information that doesn't belong to me, and am committing healthcare related crimes, perhaps? As suggested in the blackmail message, Dr. Presant and CAPT Collins?

Well for our records, I have good reason to believe just how **very well you are** acquainted with the Medical "*State Board*" of Maryland and "*State prosecutors*". To explain, during a conference call on April 6, 2020, at 11:30 am with the EEOC Administrative Judge assigned to my case, and Agency's Counsel – Ms. Alexandra Dixon and Mr. Douglas Elliott, I was asked who else I had reported my concerns to. To which I replied the District of Columbia and Maryland State Medical Boards. Unbeknown to the Judge and Agency's Counsel, I was referring to a complaint I made to the Maryland Medical Board a year ago on May 13, 2020 and June 9, 2020, upon first receiving the misrepresented medical review; which had no reference to your name, Dr. Presant. Because as you know, the Agency didn't provide me with your name until February 3, 2021. The Maryland Medical Board replied to my last year complaints on May 13, and June 17, 2020. **Attached.**

To my surprise, I received another letter on April 12, 2021 from the Maryland Medical Board, indicating they had received my "complaint" regarding "Dr. Neal Presant"; although I never made an additional complaint to them that specified your name on it, Dr. Presant, because I assumed they would reply the same as before – with a standard "*not under our jurisdiction*" response. Which they did. **Attached.** I take it they are really good friends of yours, perhaps?

Corruption truly runs deep here, doesn't it?

So, I take it, it's the State of Maryland "*prosecutors*" you are referring to in the attached blackmail message, who you intend to work with to "*arrest*" me to blackmail me, based on a fraudulent scheme of a "*healthcare related crime*", so that I will stop pursuing the issue about the fraudulent medical opinion that FOH provided to deny a reasonable accommodation, and support the Agency's defenses in this matter?

As you know, I've expressed concerns, due to reasonable belief, that **this is a discriminatory practice is potentially negatively impacting other federal employees**—and I joined public service to be of public service. Did you not?

As a matter of course, please take notice that such activities by you, are also considered retaliation against a whistleblower, violate the NO FEAR ACT, amongst other things – as I described below in my February 25, 2021 email to CAPT Collins. Please note, this email by me, is an attempt to exercise my rights under 29 CFR §1614.101, and oppose discriminatory practices and unlawful retaliation, as well as meet my ethical obligations pursuant to 5 CFR §2635.101(11).

Your time and attention to this matter is greatly appreciated.

Thanks,

Claudia M. Rausch
Management Analyst
Policy and Disputes Branch
[National Practitioner Data Bank](#)
HHS | HRSA | Bureau of Health Workforce (**BHW**)
☎: 301-945-3059 | ✉: crausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

From: Rausch, Claudia (HRSA)

Sent: Thursday, February 25, 2021 7:42 PM

To: 'Office of the CHS Director (OS/ASA/PSC/FOH)' <CHSOofficeoftheDirector@foh.hhs.gov>

Cc: Presant, Neal (OS/ASA/PSC/FOH) (CTR) <Neal.Presant@foh.hhs.gov>; Smith-Jefferies, Michelle (OS/ASA/PSC/FOH) <Michelle.Jefferies@foh.hhs.gov>; Wugofski, Lee (OS/ASA/PSC/FOH) <Lee.Wugofski@foh.hhs.gov>; Barber, Lutia (OS/ASA/PSC/FOH) <Lutia.Barber@foh.hhs.gov>; Baylor, Shawn (OS/ASA/PSC/FOH) <Shawn.Baylor@foh.hhs.gov>; Bianchi, Linda (OS/ASA/PSC/FOH) <Linda.Bianchi@foh.hhs.gov>; Bird, William (OS/ASA/PSC/FOH) <William.Bird@psc.hhs.gov>; Boazman, Lucretia (OS/ASA/PSC/FOH) <Lucretia.Boazman@foh.hhs.gov>; Boyer, Linda (OS/ASA/PSC/FOH) (CTR) <Linda.Boyer@foh.hhs.gov>; Britton, Brigit (OS/ASA/PSC/FOH) <Brigit.Britton@foh.hhs.gov>; Bryant, Jamie (OS/ASA/PSC/FOH) <Jamie.Bryant@foh.hhs.gov>; Cavanagh, Alyson (OS/ASA/PSC/FOH) (CTR) <Alyson.Cavanagh@foh.hhs.gov>; Chaney, Ashlee (OS/ASA/PSC/FOH) (CTR) <Ashlee.Chaney@foh.hhs.gov>; Choi, Diana (OS/ASA/PSC/FOH) <Diana.Choi@foh.hhs.gov>; Christ, Bradley (OS/ASA/PSC/FOH) <Bradley.Christ@foh.hhs.gov>; Cline, Christopher (OS/ASA/PSC/FOH) <Christopher.Cline@foh.hhs.gov>; Corey, David (OS/ASA/PSC/FOH) (CTR) <David.Corey@foh.hhs.gov>; Critchfield, Matthew (OS/ASA/PSC/FOH) <Matthew.Critchfield@foh.hhs.gov>; Donovan, Michael (OS/ASA/PSC/FOH) <Michael.Donovan@foh.hhs.gov>; Downs, Tanette (OS/ASA/PSC/FOH) <Tanette.Downs@foh.hhs.gov>; Eaton, Cheryl (OS/ASA/PSC/FOH) <Cheryl.Eaton@foh.hhs.gov>; Eaton, Jennifer (OS/ASA/PSC/FOH) (CTR) <Jennifer.Eaton@foh.hhs.gov>; Filson, Charles (OS/ASA/PSC/FOH) (CTR) <Charles.Filson@foh.hhs.gov>; Fisher, Kiel (OS/ASA/PSC/FOH) <Kiel.Fisher@foh.hhs.gov>; Forche, Rachel (OS/ASA/PSC/FOH) <Rachel.Forche@foh.hhs.gov>; Gannon, Casey (OS/ASA/PSC/FOH) (CTR) <Casey.Gannon@foh.hhs.gov>; Hauk, Deanna (OS/ASA/PSC/FOH) (CTR) <Deanna.Hauk@foh.hhs.gov>; Holt, Debra (OS/ASA/PSC/FOH) (CTR) <Debra.Holt@foh.hhs.gov>; Januale, Cynthia (OS/ASA/PSC/FOH) (CTR) <cynthia.januale@foh.hhs.gov>; Johnson, Matia (OS/ASA/PSC/FOH) (CTR) <Matia.Johnson@foh.hhs.gov>; Jorden, Bryan (OS/ASA/PSC/FOH) (CTR) <Bryan.Jorden@foh.hhs.gov>; King, John (OS/ASA/PSC/FOH) <John.King@foh.hhs.gov>; Lockett, Kari (OS/ASA/PSC/FOH) <Kari.Lockett@foh.hhs.gov>; Makua, Temujene (OS/ASA/PSC/FOH) <Temujene.Makua@foh.hhs.gov>; Mcnamee, April (OS/ASA/PSC/FOH) (CTR) <April.Mcnamee@foh.hhs.gov>; Medical Employability (OS/ASA/PSC/FOH)

<Medical.Employability@foh.hhs.gov>; Miller, Taneeka (OS/ASA/PSC/FOH) (CTR)
<Taneeka.Miller@foh.hhs.gov>; Minchey, Corri (OS/ASA/PSC/FOH) (CTR)
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<Christopher.Murphy@foh.hhs.gov>; Nicolas, Marie (OS/ASA/PSC/FOH)
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Palm, Tabitha (OS/ASA/PSC/FOH) <Tabitha.Palm@foh.hhs.gov>; Petrash, Stacie (OS/ASA/PSC/FOH)
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Sarvis, Kimberly (OS/ASA/PSC/FOH) (CTR) <Kimberly.Sarvis@foh.hhs.gov>; Stanton, Daniel
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Wallace, Jeneive (OS/ASA/PSC/FOH) (CTR) <Jeneive.Wallace@foh.hhs.gov>; Webster, Kimberly
(OS/ASA/PSC/FOH) (CTR) <Kimberly.Webster@foh.hhs.gov>; Wigfall, Kalim (OS/ASA/PSC/FOH)
<Kalim.Wigfall@foh.hhs.gov>; Claudia Marie Rausch <claudiamaraus@hotmai.com>

Subject: RE: IMMEDIATE ACTION: PII Medical Information Email

CAPT Collins:

Your unlawful order to staff below, **is not only illegal, but constitutes a crime** on your part, pursuant to several statues under 18 U.S.C. §241-§242 and §245, 18 U.S.C. §1001 and §1035, 18 U.S.C. §1505, and 18 U.S.C. §1518-§1519, which can result in criminal prosecution.

Specifically, 18 U.S.C. §1519 provides that whoever “conceals” or “covers up.....a false entry in any record, document, or tangible object with the intent to impede, obstruct, or influence” any matter in relation to a case within the jurisdiction of any department or agency of the United States, “shall be fined” or “imprisoned not more than 20 years, or both.”

Furthermore, **you are ordering staff to commit the crimes under the statutes** noted above, by ordering them to “delete” the emails I sent, and delete any future emails from me, which have been clearly provided to highlight concerns about fraudulent and unlawful activities within your office. As you and The Commission Corps of Public Health well know, they are to ‘follow orders at their own peril’. It is well established that the Uniform Code of Military Justice (UCMJ) only covers “lawful orders” and the excuse of “I was only following orders” is an unsuccessful legal defense.

Additionally, your actions in this matter constitute retaliation, and violate the NO FEAR ACT and anti-discrimination laws and regulations under 42 U.S.C. §2000e—e (17) and 29 C.F.R. §1614. Your actions also constitute a prohibited personnel practice under 5 U.S.C. §2302(a)(2)(A)(xi) which forbids “the implementation or enforcement of any nondisclosure policy, form, or agreement....with respect to an employee in, or applicant for, a covered position in an agency” and covers “(D) a disclosure” that “evidences- (i) any violation of any law, rule, or regulation; or (ii) gross mismanagement, a gross waste of funds, an abuse of authority, or a substantial and specific danger

to public health or safety.”

Your attempt to use the excuse of “PHI, PII” and “external links”, (which were all federal government websites), in attempt to intimidate staff into deleting the emails from another Agency employee, meet the legal definition of “Abuse of Authority” as defined by the Office of Special Counsel and the Merits System Protection Board. I have an ethical obligation to call attention to your unlawful actions and abuse of authority pursuant to 5 CFR §2635.101(11), as well as highlight your retaliation and role in the discriminatory practices that have been enabled by the fraudulent medical review(s) distributed by your office, pursuant to 29 C.F.R. §1614.101, which you have clearly established, that you prefer to hide and conceal.

I also have a right to provide my PHI to whoever it is I want, through any method I want, and there is no policy, rule, regulation or law that states otherwise. None of your orders to your staff were grounded in law or policy – they were a clear attempt by you, to ‘brush things under the rug’ and conceal well-founded allegations that a misrepresented material fact and medical review was distributed from your office. Your response to my email further establishes that your leadership supports these unlawful activities, and you are part of the reason they are occurring in the first place.

Lastly, as a licensed and registered nurse, you have an ethical obligation by the virtue of your profession, that you are clearly failing to uphold, as evident by your response to this matter. I very clearly indicated in my emails, that I will be taking note of anyone who instructs anyone to delete my emails, and I will proceed accordingly. For reference, the links to the direct federal government website that provides some of the full laws quoted above, appear at the bottom of this email.

I have copied and pasted the emails I sent last night, into this email, without links and without unnecessary PII, since you have unlawfully ordered your staff to delete it:

Dr. Presant:

I have a few questions for you, FOH Leadership, and FOH personnel, about the attached April 16, 2020 medical review, that you provided to HRSA’s Accessibility Specialist, and signed, in response to my request for a reasonable accommodation.

As I haven’t received much of a response from you and your team to my earlier inquiries, I have courtesy copied and included other FOH personnel in this email, in case there is someone in FOH that is able to answer my questions and inquires. Pursuant to HIPAA regulations under 45 C.F.R. §164.506, I authorize any and every individual that I have included and courtesy copied on this email to use my personal health information (PHI) provided in this email, for the purposes of necessary “healthcare operations” as defined by 45 C.F.R. §164.501 in order to address the specific concerns in this email; and for the purposes of meeting the ethical obligations provided in 45 CFR §164.512(b)(i) and (d) or similar regulations; and I am purposely sending this information over an unsecure email so there is no need for anyone to delete this email.

My questions for you are as follows:

1. In answering the Agency's question on their reasonable accommodation questionnaire of "Is the employee's disability/medical condition permanent? If not, please explain the employee's prognosis, including an estimate of the expected date of full recovery", you answered this question by elaborating on ADHD and then stated "Her major depressive disorder and panic attacks are likely to last as long as she is in her current position". My question to you is, what diagnostic criteria, evidence-based clinical practice guidelines, clinical assessments or evaluations, did you rely on, to support a prognosis and 'clinical impression' that went as far as to contradict the prognosis of my own Psychiatrist? Considering the fact that you never once examined me, evaluated me, nor even interacted with me? You did not conduct a history and physical nor used FOH's "Bio-Psycho-Social Assessment". You obviously did not utilize the internationally known, universal standards from the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) by The American Psychiatric Association either, although it's routinely noted in publications that FOH has maintained on its website, such as The Department of Interior's Occupational Medicine Handbook.

At the time that you, or someone from the Agency, spoke to my Psychiatrist, on or around April of 2020, his progress notes clearly indicated I had experienced a "remission in symptoms of panic attacks" ever since I had started working from home due to the coronavirus outbreak, and he emphasized that to you, or the Agency, when he was contacted. You made a completely unfounded statements in your 'Medical Review' of "the accommodations requested are unlikely to be very effective" and completely ignored relevant evidence in considering a reasonable accommodation for panic attacks. In fact, it was an EAP counselor from FOH who suggested to me, to request a reasonable accommodation for panic attacks, and there is various well-established literature that recognizes the use of reasonable accommodations for panic attacks. Yet, you completely ignored it . Additionally, a standard required entry of any clinical record, includes the documentation of an individuals' current medications and side effects. Yet, your medical review completely ignores the fact that many of the reasonable accommodations I requested, were in order to deal with medication side effects.

2. My second question is, what authority allows you, a Family Medicine and Occupational Health physician, to override the medical opinion of a Psychiatrist and specialist in mental health? On something that is clearly mental health related? Because as far as I know, from the eight years that I served as a senior advisor to Healthcare System Administrators and Medical Directors, during the performance evaluations of medical staff, there isn't any. Not only does the American College of Occupational and Environmental Medicine (ACOEM) include the "use of consultants in related disciplines" in its 2014 Guidance Statement on "core competencies, knowledge and skills", but this has always been a well-established standard in the practice in medicine. The federal government is no exception. The Office of Personnel Management (OPM)'s regulations pursuant to 5 CFR §339.104 , even specify the requirement for the use of "a practitioner of the same discipline as the one who issued the documentation" when appropriate, in order for an Agency to make a determination about medical documentation it has received. OPM's regulations under 5 CFR §339.104(2) also emphasize that "in the case of psychiatric examination or psychological assessment, the findings of a mental status examination and/or the results of psychological tests" are to be considered, when necessary and relevant, to an Agency's employment decision. You are not a psychiatrist, Dr. Presant.

And you conducted no such type of examination or assessment of my mental health. Yet, you presented a ‘medical opinion’ that completely overrides the medical opinion of a Psychiatrist and mental health professional. You also delved into unnecessary detail about my supposed “medical condition”; details that were in no way relevant to the reasonable accommodations I requested; which takes me to me next point.

3. In your April 16, 2020 medical review, you spent a lot of time elaborating about my “ADHD” and supposed “major depressive disorder and anxiety disorder” in response to the Agency’s questions about my “disability or medical condition” when I never asked for a reasonable accommodation (RA) for any of those conditions, nor did I authorized you to discuss anything about my health information other than what was relevant to my RA request for panic attacks and side effects from SSRI medication. I requested reasonable accommodations specifically to deal with panic attacks and side effects from SSRI medication. Yet, you provided a completely false and misrepresented medical opinion that suggested I have “difficulty performing intense cognitive work with tight deadlines” due to ADHD, and could use accommodations of not being assigned “extremely complicated work with tight deadlines” as one of the “triggers” that could be removed, when my Psychiatrist indicated no such thing and there is no evidence that suggests I have any kind of “cognitive” issues, Dr. Presant. You then elaborated with statements that indicate doing my specific job duties “is difficult, if not, impossible” in my “current workplace”, although I have surpassed performance expectations annually. As we both know, you did not conduct a history and physical nor any type of clinical assessment that supports that type of clinical conclusion or impression. The quality of an employee’s work product is the accurate indicator of whether an employee can perform essential job functions, yet, you didn’t consider any non-clinical evidence to support your statements either. Nor is there any evidence that supports your statements. In fact, I have by far, exceeded performance expectations every year of the last 12 years of my career and have thrived in work environments with tight deadlines. The seven Joint Commission surveys listed on my resume, in which I personally led survey accreditation preparation activities, in various different healthcare settings, and achieved 100% compliance in my assigned area of oversight during each of those seven surveys, is one example. From my understanding, this was the very reason, the Agency hired me in the first place.

My questions to you in relation to this are:

a. What evidence did you use to support your suggestion that I have “cognitive” problems, Dr. Presant? Because I’m not aware of any evidence that supports these statements. As evident by my performance appraisals, many of the supervisors I’ve had, who so happen to be clinicians, greatly disagree with you. Clearly, you did not consider any of the evidence that you are required to consider and document into a clinical record, as required by FOH and The Joint Commission (TJC)’s standards under the “Record of Care (RC), Treatment and Services” Chapter, specifically, Element(s) of Performance (EP) 1, 2, and 4 under Standard RC.02.01.01 – which we know is applicable to “Occupational/Worksite” settings in Ambulatory Care, such as FOH. Nor did you document any type of medical opinion or case notes into FOH’s Electronic Health Record System, FedHealth, as you’re required to by The Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009, which is also indicated in HHS’s Privacy Impact Assessment of the FOH FedHealth System – “Nurses and physicians in FOH health clinics are required to collect this information as a part of their

medical record.”

b. What right and authority do you have, that allows you to delve into, and share confidential healthcare information about me, that is irrelevant to the purpose for which you were provided access to my personal health information (PHI) to begin with? As we both know, simply being a physician with access to my PHI gives you no such right. You have an ethical and legal obligation to protect the personal health information you are given access to, pursuant to 42 U.S.C. §17935(b)(1) (a), and HIPAA regulations under 45 CFR §164.502(b) which specify “When using or disclosing protected health information or when requesting protected health information”, one is required to “make reasonable efforts to limit protected health information to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request.” These requirements are also clear in Joint Commission standards, and every related regulation that governs your profession. It is also clearly indicated by the Agency’s own guidance on the application of HIPAA within government settings and healthcare providers working in the federal government are not except from adhering to HIPAA regulations. HIPAA is also clearly mentioned on HHS’s Privacy Impact Assessment of the FOH Staff Portal Website. In accordance with HIPAA regulations under 45 CFR §164.508(c)(i)-(vi), and as evident by my reasonable accommodation request for panic attacks and medication side-effects, I did not authorize you to discuss anything about my health information with anyone, for any other purposes, other than to make a determination about a reasonable accommodation for panic attacks and medication side effects. The fact that I have an employee-employer relationship with the Agency does not circumvent HIPAA, as OSHA regulations under 29 CFR 1910.1020(a) clearly state that nothing in their regulations are “intended to affect existing legal and ethical obligations concerning the maintenance and confidentiality of employee medical information, the duty to disclose information to a patient/employee or any other aspect of the medical-care relationship”. (Also described in TJC Standard RI 01.03.01, EP 1, 2, and 3). Speaking of “duty to disclose” and Joint Commission –

4. The original ‘medical review’ statements that accompanied the attached denial of a reasonable accommodation I received on April 24, 2020 (attached), did not have your name nor the name of any medical professional; and in my attempts to obtain this information through FOIA on April 29, 2020 and other means, I was consistently denied that information.

FOH is required under HIPAA to “permit an individual to request access to inspect or to obtain a copy of the protected health information about the individual that is maintained in a designated record set” as described in 45 CFR §164.524(b). As FOH is now Joint Commission accredited, it is also required under TJC’s “Rights and Responsibilities of the Individual (RI)” Chapter to inform an individual of “The name of the physician or other practitioner” who is responsible for the services provided (TJC Standard RI 01.04.01, EP 1). FOH is also required to allow an individual to access, request amendment to, and obtain information on disclosures of his or her health information in accordance with law and regulation (Standard RI.01.01.01, EP 10); and respect an individual’s right to participate in decisions about services provided by FOH (TJC Standard RI.01.02.01). FOH is also required to respect a patient’s right to privacy, (TJC Standard RI.01.01.01. EP 7), follow a written policy on the privacy of health information that protects against the unauthorized access, use, disclosure, or unauthorized alteration, and intentional destruction of health information. (TJC Standard on Information Management (IM), IM.02.01.03, EPs 1-7). These rights and requirements

also appear to be partially noted in the Agency's Privacy Impact Assessment of FOH's FedHealth System which describes a process "to resolve an individual's concerns when they believe their PII has been inappropriately obtained, used, or disclosed, or that the PII is inaccurate". I suppose this is partially why my information never made it into FOH's FedHealth Electronic Medical Record System. As you know, I was never provided with the FOH "Client Rights and Responsibilities" doctrine, even after I asked. Nor given any of the information or provided with any of the rights, that FOH has a responsibility to provide. Your job description as a Medical Reviewing Officer (RMO) includes a requirement that you to follow Joint Commission Standards, Dr. Present.

My questions to you in relation to the above concerns are:

a. Why did you and the Agency withhold your name for so long when there is an obligation to provide it? Why did FOH never inform me of my "rights" in the matter? Is it because the Agency knew the "medical review" provided by you was completely illegitimate and misrepresented? Was I never informed of my rights in the matter, because you didn't want me to have any rights in the matter? Perhaps, because someone knew very well, that the "medical review" provided by you in this matter is contradicted by every requirement, regulation, and ethical obligation of your profession? Was I denied rights in the matter so that the medical review could be easily used to misrepresent my qualifications for a reasonable accommodation? So that my rights could be blatantly disregarded without consequence? Because that appears to be the only logical conclusion.

5. Your "medical review" then goes on to blame me and my "interpersonal nature" and suggests that my "feeling(s)" are the "major barrier to being able to work effectively." As someone who has a background in healthcare administration and has worked with hundreds of physicians, I found this statement to be quite laughable at first glance. Because it convinced me that no medically trained "physician" actually wrote this bogus medical review, as no medically trained physician would actually expect for someone to believe this is a "medical review", much less risk their career over something that so blatantly contradicts all the requirements of the medical profession. Unless of course, that physician has become grossly comfortable with disregarding the requirements and standard practices of their profession.

Not only is your medical review statement that blames my "feelings" also contradicted by evidence and not based in clinical judgement, but it accentuates the ethical violations created by the "medical review", and demonstrates how you have allowed your "medical opinion" and physician signature stamp to be weaponized in a manner that contradicts the very purpose of the medical profession to begin with. As you know, ACOEM provides that their Code of Ethics "applies equally to professionals who are employees of the entities for which they provide occupational and environmental medical services" and "Serving the patient's best interest overrules personal considerations such as business needs, societal expectations, and organizational pressures." ACOEM bases their code of ethics on "Three fundamental values (that) are widely recognized in the health care professions" to include the "primacy of patient welfare" or "do no harm", respecting a patient's "autonomy" and "social justice". But you wrote and approved a "medical review" that was clearly intended to invalidate my experience, misconstrue my qualifications for a reasonable accommodation, completely ignore my rights in the matter, so that an employer could misrepresent a material fact to justify not providing a reasonable accommodation that they are legally required to provide.

Working for a Federal Agency does not relieve you from the obligations imposed by the boundaries of your profession, Dr. Presant. But as I mentioned earlier, I suppose that's why, I never received information about the "FOH Client Rights and Responsibilities" nor any of the required disclosures that FOH has a legal responsibility to provide – so that a total mockery could be made of my health information with this misrepresented medical review that you, clearly signed. You violated every ethical obligation required of you, and even if such a statement about me were true, there is nothing within the laws, regulations, and policies that govern your profession as a physician, that allow you to support non-clinical judgements with a 'physician rubberstamp of approval' nor allow for the medical profession to be weaponized for purposes other than their intended use.

So, my questions for you in relation to this are:

a. What right and authority do you have to completely misconstrue someone's qualifications for a reasonable accommodation? Is this a standard practice at FOH? To distribute misstatements of material facts that are then weaponized against federal employees, who are already at a disadvantage in the process to begin with? Or have you been the go-to doctor for employers who wish to exert undue influence and misrepresent these medical reviews? Do you realize the level of harm and danger that is imposed on the health and safety of federal employees by distributing misstatements like this about their health information? How did FOH manage to pass a Joint Commission accreditation survey while this is happening? Because I've never known a TJC surveyor to compromise on any of the aforementioned accreditation requirements, all which are applicable to accredited Occupational/Worksite settings. For good reasons, obviously.

Every TJC survey and quality control process in any healthcare system or office, begins with a review and audit of the electronic medical record (TJC Standard RC.01.04.01., EP 1). Obviously, I know this is why you don't have any medical records or case notes on file in the FOH Electronic Health System about me. Nor did you ever have any medical records about me in FOH's electronic health record system. They would have triggered a peer review, because clearly – nothing in the attached medical review is supported by standard requirements or applicable law. The required standards of the medical profession, and any medical record, would not have supported the completely misrepresented, attached April 16, 2020 'medical review' that you signed.

b. Did you write this misrepresented April 16, 2020 "medical review" or did you allow someone to use your name and signature in order for them to present the misrepresented medical review as an actual medical opinion? Because a quick google search of your name leads to public court records that date back to 2011 and 1999, where it appears you have supported "medical opinions" that were used as expert witness statements in the past, and suggests that this may not be an isolated instance. The fact that whoever is behind this, decided to present me with the attached misrepresented medical review, all while knowing my work experience and background, I believe, demonstrates how very little some people know about healthcare law. Otherwise, you would not be receiving this email from me. FOH may want to think twice before blindly trusting whoever provided any kind of advice in this matter and made it appear to FOH that these misrepresentations are 'kosher' and free of liability.

6. The original email sent to the “Medical Employability (OS/ASA/PSC/FOH)” email address of Medical.Employability@foh.hhs.gov from HRSA Accessibility Specialist on the attached Thursday, April 02, 2020 email, creates the appearance that my PHI was sent over an unsecure server, and outside of standard protocol, when I in no way authorized her to do so or gave anyone permission to send my PHI over unsecure email. HHS’s Privacy Impact Assessment (PIA) of FOH’s FedHealth System , indicates the FedHealth System is used to “store medical case information for medical employability case reviews for reasonable accommodation” and store an FOH Reviewing Medical Officers (RMO)'s “case notes and their medical opinion within the system”, and also indicates the Agency’s authorized point of contact (POC) is allowed access, in a secure manner to designated case medical opinions through their agency portal on FedHealth and are able to send support data “to FedHealth's secure fax server” but makes no mention of the email address above. As you know, pursuant to 45 CFR §164.304 and §164.308, HIPAA requires covered entities such as FOH to have administrative safeguards and “policies and procedures, to manage the selection, development, implementation, and maintenance of security measures to protect electronic protected health information and to manage the conduct of the covered entity's or business associate's workforce in relation to the protection of that information”. FOH has a responsibility to ensure anyone who provides PHI to it through the course of business, follows secure protocols, but it doesn’t appear secure protocols were followed at all, in this instance.

Alternatively, my first impression of the April 2, 2020 email from the HRSA Accessibility Specialist to Medical.Employability@foh.hhs.gov was that the email is fake and completely fabricated, because HRSA’s Accessibility Specialist’s signature at the end of the April 2, 2020 email is entirely different from all the other emails I’ve received from her, and is in a different font while missing her title and the long “Medical Confidentiality” statement that she began including in her emails before April 2, 2020. The “Dr. Neal Presant” signature at the end of the April 16, 2020 ‘medical review’ letter also appears to have been fabricated and could be a bad copy-paste job, because when the pdf document is viewed on a higher-resolution or higher quality screen such as an iPhone, a clear square appears around the “Dr. Neal Presant” signature. When a screenshot is taken of the page with the ‘Dr. Presant’ signature, and the contrast and definition is increased while viewing it on a photo editing app, such as Instagram, the square around the signature becomes more visible. This gives the impression that someone made a copy of two combined documents, one being the ‘Dr. Presant’ signature, in order to present it as one with the affixed signature in it. I have built a career on eliminating healthcare fraud and abuse, and can’t help but notice these type of things. Additionally, a period appears instead of a comma next to “Presant” in the 2nd place where the name appears in the signature box, which is odd.

My questions for you and FOH, in relation to this are as follows:

a. Why was HRSA’s Accessibility Specialist allowed to email this information to the Medical Employability Team over what appears to be an unsecure email without my consent, instead of the information being provided by me directly to the FedHealth portal as indicated on it’s HHS’s Privacy Impact Assessment which states the “sources of PII in the system” are “Directly from an individual about whom the information pertains”? Is this the process FOH has established? Or is the April 2, 2020 email from HRSA’s Accessibility Specialist a fake and fabricated email as I believe it is? If the Medical Employability team actually received this email on April 2, 2020, please feel free to confirm

so and respond to this email with an authentic copy attached. Otherwise, I'll assume it is a fake and fraudulent email, and the Medical Employability team never received that email.

b. Is the signature by Dr. Presant on the April 16, 2020 'Medical Review' letter authentic? Why does a square appear around it when viewed on a screen with higher definition? It appears to me that the April 16, 2020 was written after the actual date, and perhaps the signature was affixed on to the document to create the appearance that it was signed on April 16, 2020, when in fact, the 'medical review' may have been created way after that.

c. Why was the April 16, 2020 'medical review' that was signed by Dr. Presant not authenticated with a PIV card signature when TJC Standard RC.01.02.01 requires physicians to provide verifiable authenticated signatures?

The remaining concerns and questions are primarily for FOH and FOH Leadership:

7. As you know, FOH and/or its contract company, "STGi International", are Joint Commission accredited. Does FOH intend to maintain Joint Commission accreditation? Because from my experience, in order for FOH to do so, it is required to have its own "complaint resolution process" available to the population it provides services to (TJC Standard RI.01.07.01) and is required to "evaluate all allegations, observations, and suspected cases of neglect, exploitation, and abuse that occur within the organization" (See TJC Standards RI.01.06.03, EP 2 and PC.01.02.09, EP 1). FOH is also required to collect data and monitor its performance on "patient perception of the safety and quality of care, treatment, and services." (See TJC Standard PI.01.01.01, EP 14) and take action to improve its performance (see TJC Standard PI.03.01.01), as well as "report allegations, observations, and suspected cases of neglect, exploitation, and abuse to appropriate authorities". (See RI 01.06.03., EP 3 and PC.01.02.09, EPs 6 and 7).

Additionally, Leadership in a Joint Commission accredited organization, has a responsibility to conduct performance improvement activities and discuss and propose solutions on "reported safety and quality issues", as well as establish timeframes to resolve "issues that affect the organization and the population it serves." (TJC Standard LD.02.03.01, Eps 1 and 2.) Per Joint Commission, Leaders are also primarily responsible for creating and maintaining "a culture of safety and quality" and are required to continuously "evaluate the culture of safety and quality", "prioritize and implement changes" and "create and implement a process for managing behaviors that undermine a culture of safety". (LD.03.01.01). Furthermore, TJC Standards require that Leaders include "contributions from the population served" as they carry out "organizationwide planning to establish structures and processes that focus in safety and quality" (TJC Standard LD.03.03.01) and are required to incorporate "the needs of patients" and "Information about potential risks to patients" into well-designed processes (LD.03.08.01). As it seems that FOH's Joint Commission accreditation is under its contract company, "STGi International", which seems to run many of FOH's operations, you may want to take note that fraud and the distribution of false statements are grounds for debarment of a federal contract under Federal Procurement and Acquisition Regulations, pursuant to Part 9 of Title 48 of the Code of Federal Regulations.

Since there is no clear and effective complaint resolution process currently in place by FOH, or not one that I'm aware of, which complies with TJC Standard RI.01.06.03, please consider this email as

my formal complaint about the “safety and quality of care, treatment, and services” that are being provided by FOH, as I’ve described throughout this email.

My questions for FOH Leadership related to this are as follows:

- a. Does FOH intend to meet any of these Joint Commission Standards? Or alternatively, is FOH going to forfeit its Joint Commission Accreditation and ‘Gold Seal of Approval’? Shall I contact Joint Commission to assist FOH in making a decision about this?
- b. What is FOH leadership going to do, to make sure that what occurred to me, as I’ve described above, NEVER occurs again to another federal employee?
- c. What oversight processes is FOH going to implement to make sure this never happens again? Because from my experience, saying “I didn’t know” is not an acceptable excuse for a lack of oversight, to a Joint Commission surveyor.
- d. What is FOH going to do to ensure that Agency employees who interact with FOH, like HRSA’s Accessibility Specialist, follow a process that adheres to the legal requirements imposed on FOH by HIPAA and other regulatory laws, rules and regulations?

I am providing this information to FOH, and every individual on this email, while thoroughly understanding that every single clinician has an ethical obligation, by virtue of their profession and license, to report and act on matters of abuse and fraud, such as what I’ve highlighted here. If I am somehow made aware that anyone instructs recipients of this email to “erase it” without thoroughly planning to address the issues voiced in this email, I will take note of who that individual is, and consider that person to be a contributor to the unlawful actions I have described in this email. While I have been purview to a lot of confidential discussions about healthcare quality during the course of my career, this is one of the most egregious things I have ever encountered. I will not allow for this to just get ‘swept under the rug’ and forgotten. With that in consideration, please feel free to print this email, save this email in a safe place, and use it as I indicated at the beginning of this email.

Please note this email from me, is an effort to meet my ethical obligations pursuant to 5 CFR §2635.101(11) and 29 CFR §1614.101.

Your time and attention to this matter is greatly appreciated.

Thanks,

Claudia M. Rausch
Management Analyst

Policy and Disputes Branch

[National Practitioner Data Bank](#)

HHS | HRSA | Bureau of Health Workforce (**BHW**)

☎: 301-945-3059 | ✉: crausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

Links to Criminal Federal Law:

TITLE 18 of the United States Code, Chapter 13, Civil Rights, Sections 241-249

<https://uscode.house.gov/view.xhtml?path=/prelim@title18/part1/chapter13&edition=prelim>

TITLE 18 of the United States Code, Chapter 47, Fraud and False Statements, Sections 1001-1040

<https://uscode.house.gov/view.xhtml?path=/prelim@title18/part1/chapter47&edition=prelim>

TITLE 18 of the United States Code, Chapter 73, Obstruction of Justice, Sections 1501-1521

<https://uscode.house.gov/view.xhtml?path=/prelim@title18/part1/chapter73&edition=prelim>

TITLE 5 of the United States Code, Chapter 23, Prohibited Personnel Practices

<https://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title5-section2302&num=0&edition=prelim>

From: Office of the CHS Director (OS/ASA/PSC/FOH) <CHSOfficeoftheDirector@foh.hhs.gov>

Sent: Thursday, February 25, 2021 8:08 AM

To: Office of the CHS Director (OS/ASA/PSC/FOH) <CHSOfficeoftheDirector@foh.hhs.gov>

Subject: IMMEDIATE ACTION: PII Medical Information Email

Good morning Team,

Many of you were included in an email chain from a C.R. HRSA employee on February 24, 2021 at 10:17 pm and February 25, 2021 at 12:14 am. Please follow the immediate directives below regarding the handling of these messages.

1. Do not forward, save, print, etc. – This email contains PHI, PII, embedded and external links that may include a virus, spam, etc.
2. Please delete the email twice:
 - a. Once from your inbox
 - b. And secondly, from your deleted items

If you receive additional emails from this individual, please follow the steps outlined above. Please reach out if you have further questions or concerns. Thank you for your immediate action in this matter.

r/ Christine

CAPT Christine R. Collins, MA, BSN, RN
Director, Clinical Health Services
Federal Occupational Health

Program Support Center
7700 Wisconsin Ave., Suite 7312
Bethesda, MD 20814